

Enrollment Audit Appeals Form SY 2014-2015

Student Name:			
Student USI:			
LEA Name/ School Name			
School Code			
LEA Contact:			
Phone:			
Fax:			
Email:			
Type of Appeal Issue (Check	all that apply):		
Appeals Supporting Docum		documentation included w	
I certify that the information LEA's enrollment audit appe	provided to OSSE is accurate a	and reflects the above ider	ntified
Head of LEA or Designee (P	rinted Name)	Da	ite
Head of LEA or Designee Si	gnature		